

Department of Social and Health Services

**DP Code/Title: PL-AE CA Practice Model Implementation**  
**Program Level - 010 Children's Administration**

Budget Period: 2007-09 Version: A1 010 - 2007-09 Agency Request Budget

**Recommendation Summary Text:**

This request is for \$2,172,000 and 10.0 FTEs for the 2007-09 Biennium, beginning in July 2007 to train, mentor and coach casework and supervision skills to support better engagement of families with services and to implement the CA practice model.

**Fiscal Detail:**

**Operating Expenditures**

	<b><u>FY 1</u></b>	<b><u>FY 2</u></b>	<b><u>Total</u></b>
<b>Overall Funding</b>			
001-1 General Fund - Basic Account-State	796,000	712,000	1,508,000
001-A General Fund - Basic Account-DSHS Fam Support/Chi	268,000	241,000	509,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	81,000	74,000	155,000
<b>Total Cost</b>	<b>1,145,000</b>	<b>1,027,000</b>	<b>2,172,000</b>

**Staffing**

	<b><u>FY 1</u></b>	<b><u>FY 2</u></b>	<b><u>Annual Avg</u></b>
<b>Agency FTEs</b>	<b>10.0</b>	<b>9.9</b>	<b>10.0</b>

**Package Description:**

This decision package requests 10.0 program managers at a cost of \$ 2,172,000 for the 2007-09 Biennium. The program managers will work in the Children's Administration (CA) field offices to train all staff in solution-based casework, mentor supervisors in applying the techniques in their units and in their supervision with staff, and coach line staff to assist them in integrating and maintaining the skills in their interactions with clients and service providers. The Children's Administration does not have an up-to-date, comprehensive framework to support our clients in achieving the best outcomes. This proposal is an integral element of the CA practice model which will implement new evidence-based clinical approaches toward clients to improve their engagement in assessments and service planning, thereby achieving better outcomes. Evaluations of state agencies where solution based casework has been implemented show improved client satisfaction with agency interventions, improved family functioning, and a decrease in the recurrence of abuse and neglect with clients served. The Minnesota implementation of solution based casework has been reviewed and showed reduced recurrence of child maltreatment and increased service utilization by clients (Loman, L Anthony and Siegel, Gary L. (November, 2004) Minnesota Alternative Response Evaluation. Institute of Applied Research.)

To ensure a successful and consistent statewide transition from the existing service delivery model to the new practice model, CA staff will need to learn new skills and incorporate those skills in their day-to-day interactions with families. This cannot be done through classroom training alone. Supervisors will need to be mentored in how to monitor and support their staff in using solution-based approaches with families. CA staff will need reinforcement and monitoring of their skill set to ensure they have fully integrated the new skills in their work. This process will be ongoing in order to maintain the fidelity of the model.

In the first year, nine senior clinicians and one program manager will be hired to take the lead in mentoring field supervisors and coaching the 1,500 CA social work staff on the skills needed in the new practice model. These staff will attend intensive training on the skills required and learn to coach and mentor staff on these skills. This will require, in addition to training, travel to other sites where these skills have been incorporated into public child welfare programs. Social workers and supervisors will receive a three-day classroom training on the practice model and the specific skills required to implement the model. Classroom training will be followed by ongoing observation, mentoring and coaching by senior clinicians to ensure maintenance and integration of the skills required.

In the second year and subsequent years, classroom training will be provided to new staff and more experienced staff will receive advanced training. The senior clinicians will continue to monitor, assess, and consult with social workers, supervisors

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and (where appropriate) service providers on the implementation of clinical practice model components and skills. The senior clinicians will also assist in quality assurance to ensure consistent implementation of the practice model across the state.

Initial training for new staff	45 days
One day mandatory observation	1500 days
Supervisory consultation and training	200 days
Total	1745 days

**Narrative Justification and Impact Statement**

*How contributes to strategic plan:*

The practice model update addresses the needs of children and families with regard to safety and well-being, the three major components of CA's Strategic Plan. It also supports the Priorities of Government (POG) them to "Improve the Security of Washington's Vulnerable Children and Adults" and CA's goals under the Government Management Accountability and Performance Reporting (GMAP) of child safety.

The practice model update directly affects Child Protective Services (Activity A009), Child Welfare Services (Activity A012), and Family Reconciliation Services (Activity A033).

***Performance Measure Detail***

**Agency Level**

**Activity: A009 Child Protective Services (CPS)**

**Output Measures**

1111	Number of CPS, CWS and FRS referrals received.	0.00	0.00
1112	Number of child abuse/neglect referrals accepted for investigation.	0.00	0.00

**Incremental Changes**

**FY 1** **FY 2**

**Activity: A012 Child Welfare Services (CWS)**

**Output Measures**

1111	Number of CPS, CWS and FRS referrals received.	0.00	0.00
1112	Number of child abuse/neglect referrals accepted for investigation.	0.00	0.00

**Incremental Changes**

**FY 1** **FY 2**

**Activity: A033 Family Reconciliation Services (FRS)**

**Output Measures**

1111	Number of CPS, CWS and FRS referrals received.	0.00	0.00
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**Incremental Changes**

**FY 1** **FY 2**

*Reason for change:*

Children's Administration's expectations for child welfare practice are primarily compliance driven. Structurally, there is very little attention paid to developing and supporting a consistent qualitative approach to practice that helps practitioners become more effective. Effectiveness in reducing repeat maltreatment has been shown in research on practices that better engage families as partners in assessing family functioning, setting goals for improvement, and choosing treatment interventions. Minnesota and Kentucky, leaders in integrating solution-focused approaches in child welfare, have shown the effectiveness of this approach and have seen reductions in repeat maltreatment of children served by their agencies through this model (Loman, L Anthony and Siegel, Gary L. (November, 2004) Minnesota Alternative Response Evaluation. Institute of Applied Research.).

Moving to a more solution-focused approach requires a fundamental change in the way social workers approach families. This cannot be done overnight, and requires a concerted effort on the part of the department to provide training and to

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reinforce that training through supervision and direct coaching of social service staff.

***Impact on clients and services:***

The DSHS CA has a huge externally-driven agenda which focuses on discrete changes in response to many identified gaps and problems in Washington's child welfare system. Some initiatives include:

- Governor's child safety mandates (24/72 hour response; 30 day visits)
- Child and Family Services Review / Program Improvement Plan
- Braam foster care lawsuit settlement agreement
- Child fatality review recommendations

While the above initiatives set forward plans to improve our outcomes, they do not provide a comprehensive framework to support our clients in achieving the best outcomes. CA must provide the tools and ongoing skill-building necessary for all social workers to effectively engage and work with families to improve parenting abilities and skills. The practice model will be the overarching framework to bring these pieces together with CA's other priorities.

***Impact on other state programs:***

None

***Relationship to capital budget:***

None

***Required changes to existing RCW, WAC, contract, or plan:***

None

***Alternatives explored by agency:***

The alternative to providing a comprehensive framework by updating the practice model is to continue to provide and deliver services to children and families in the current manner. The current system does not provide for the best outcomes for services provided to vulnerable children and families, alienating many of the clients and reducing their engagement in services that will support improved safety for children and family functioning. Updating the practice model will not only improve our services to children and families but will also enhance accountability, ensure consistency of services statewide, and reinvigorate staff and contracted service providers.

***Budget impacts in future biennia:***

This proposal requires ongoing funding.

***Distinction between one-time and ongoing costs:***

Startup equipment costs for new staff and first year training costs are one-time costs. All other costs are ongoing.

***Effects of non-funding:***

If this proposal is not funded, then the deployment of the practice model will slow down dramatically. The loss of initiative may result in something less than a fully integrated model, adding to the confusion rather than clarifying and improving the service delivery system.

***Expenditure Calculations and Assumptions:***

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See attached CA PL-AE CA Practice Model Implementation.xls

The federal Deficit Reduction Act, passed in February 2006, created new limitations for Targeted Case Management (TCM) which were effective January 1, 2006. Federal rules have not been published so the precise effect of the new law is not clear. This proposal assumes that CA will be able to claim TCM funds in the 2007-09 Biennium, but if that is not the case CA will require GF-State where TCM is assumed.

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
<b>Overall Funding</b>			
A Salaries And Wages	573,000	573,000	1,146,000
B Employee Benefits	159,000	159,000	318,000
E Goods And Services	259,000	225,000	484,000
G Travel	64,000	40,000	104,000
J Capital Outlays	80,000	20,000	100,000
T Intra-Agency Reimbursements	10,000	10,000	20,000
<b>Total Objects</b>	<b>1,145,000</b>	<b>1,027,000</b>	<b>2,172,000</b>

**DSHS Source Code Detail**

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
<b>Fund 001-1, General Fund - Basic Account-State</b>			
<b><u>Sources Title</u></b>			
0011 General Fund State	796,000	712,000	1,508,000
<b>Total for Fund 001-1</b>	<b>796,000</b>	<b>712,000</b>	<b>1,508,000</b>
<b>Fund 001-A, General Fund - Basic Account-DSHS Fam Support/Chi</b>			
<b><u>Sources Title</u></b>			
658A Title IV-E Foster Care (FMAP)	268,000	241,000	509,000
<b>Total for Fund 001-A</b>	<b>268,000</b>	<b>241,000</b>	<b>509,000</b>
<b>Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa</b>			
<b><u>Sources Title</u></b>			
19TA Title XIX Assistance (FMAP)	81,000	74,000	155,000
<b>Total for Fund 001-C</b>	<b>81,000</b>	<b>74,000</b>	<b>155,000</b>
<b>Total Overall Funding</b>	<b>1,145,000</b>	<b>1,027,000</b>	<b>2,172,000</b>

**2007-09 Biennium  
PL-AE CA Practice Model Implementation**

**Senior Clinicians to Train Social Workers on New Practice Model**

**Assumptions for number of Senior Clinicians Needed:**

- Initial Training
- \* 3 days in length
  - \* Assume need to train 1,500 social workers
  - \* Assume need to train 96 WMS staff (FTDMs, AA's & selected prgm mgrs)
  - \* 30 staff per session
  - \* 1,500/30 = 50 sessions; 96/30 = 3.2 sessions
  - \* 50 sessions x 3 days each = 150 days = 1,200 hours
  - \* 3.2 sessions x 3 days each = 9.6 days = 76.8 hours
- Annual Refresher Training
- \* 2 days in length
  - \* Assume 1,500 social workers require refresher training
  - \* Assume need to train 96 WMS staff (FTDMs, AA's & selected prgm mgrs)
  - \* 30 staff per session
  - \* 1,500/30 = 50 sessions; 96/30 = 3.2 sessions
  - \* 50 sessions x 2 days each = 100 days = 800 hours
  - \* 3.2 sessions x 2 days each = 6.4 days = 51.2 hours
- Mandatory Observation
- \* 1 day in length
  - \* Assume mandatory observation for 1,500 social workers
  - \* Assume mandatory observation for 40 WMS staff (FTDMs, AA's & selected program managers)
  - \* 1,540 staff x 1 days observation = 1,540 days = 12,320 hours
- Supervisory Consultation/Training
- \* 8 hours in length
  - \* Assume consultation & training for 199.5 supervisory staff (8:1 ratio)
  - \* 1 WMS Program Manager to supervise the Sr Clinicians
  - \* Sr Clinicians at SHPM 3 level

**Assumptions for Training/Travel Costs Needed:**

- \* Class size 25-30 participants per session
- \* Cost of supplies & printing estimated at \$50.00 per person
- \* Additional training costs for WMS/Sr Clinicians \$5,000 per person in first year ("train the trainer" training)
- \* Additional travel costs for WMS/Sr Clinicians \$200/month in first year to travel to other states to observe

**FTE Calculation**

	Hours/Year 1	Hours/Year 2
Initial training for social workers & prgm mgrs	1,277	383
Annual Refresher Training	12,320	851
One day mandatory observation	1,596	1,596
Supervisory consultation & training	15,193	15,150
Available hours/senior clinician	1,694.5	1,694.5
Number Senior Clinicians Required	9.0	8.9
WMS Program Manager/Supervisor	1.0	1.0

Supplies, Printing Training Costs	Year 1	Year 2
	79,800	23,940
		79,800
	9,975	998
	<b>89,775</b>	<b>104,738</b>
	49,830	
	<b>139,605</b>	<b>104,738</b>

Additional Travel Costs	Year 1
	2,400
	21,518
	<b>23,918</b>

Object	FY 2008		FY 2009	
	WMS Prog Mgr	SHPM 3	WMS Prog Mgr	SHPM 3
FTEs	1.0	9.0	1.0	8.9
A	62,000	511,000	62,000	510,000
B	17,000	143,000	17,000	143,000
E	27,000	232,000	24,000	201,000
G	6,000	93,000	4,000	18,000
J	8,000	36,000	2,000	36,000
T	1,000	9,000	1,000	9,000
<b>Total</b>	<b>121,000</b>	<b>1,024,000</b>	<b>110,000</b>	<b>917,000</b>

**Source of Funds**

GFS	84,700	716,800	77,000	641,900
T IVE-E	27,830	235,520	25,300	210,910
T XIX	8,470	71,680	7,700	64,190
	<b>121,000</b>	<b>1,024,000</b>	<b>110,000</b>	<b>917,000</b>
				<b>2,172,000</b>